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Exhibit F- Professional Notes from North Suffolk Mental Health Association

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EXHIBIT 4- North Suffolk Mental Health Association-Notes-11 items

	TO THE STREET OF THE STREET AND A STREET AND
	INITIAL ASSESSMENT
	Client Name Sonia Fornander. Med. Rec. # 80143501 Date 4.703 Clinician B. Manning, ucsu Program (helse)
	Payer: Insurance Self Pay Application Pending Application Pending
	DENTIFYING DATA: (age, marital status, living situation, employment status, language) Sonia is a 37 year old diverced mother of 3/11/10/1 In Revere. Currently lives with one 13 year old son and an 18 year old daughter. She is bilingual. She grow up in chelsea. Client is in chronie pain due to accident in august, 2002. Ha was son discs - had a face at work to workmen's comp formul
0	mood instability depression of numbers Steps 5-4 hour of self-care week- 2 hr. Chronic back painting to care about care about anything conteming my self. Chronic of self-care week- 2 hr. Chronic back painting soften.
	HISTORY OF PRESENT ILLNESS: (include current symptoms and functional levels) In 1996-1992 Saw a parchabit at BI but not confirm table ut her. EBNHCC- Saw Manay aranoff. Good relationship
	1995 went to Police academy - + become Revere cop
	Associated Degree in Criminal Jushie 1993 (Over) GED completed EB advet Ed Center 1985 (Over) PSYCHIATRIC HISTORY: (include past IX, hospitalizations, and medications)
	Psychiatric Hospitalization Yes VNo Hospital Dates Reason for Admission Outcome
	Hospital Dates Reason for Admission Outcome.

substance use history: 떱	None		Denies use		Denies abuse
Current or history of use/abuse (in	iclude TX,	detox, dr	ug of choice,	age of first use,	pattern of use)

I family history. mother 15 when gave birth to cleant. Cleant has I sister tore brothers one half sealer from Garners side+ riagie a Laif Grother.
I Tongh relationship "Too much, dicipline", didn't like thorces he made-Brotners famer was alresure if knotted cords, & almost broke Lose 7-8. Kessed, her as a child on month Symphonic Walked in just in home, "clearly was frozen" Mother didn't protect her - Three factor from back 2 walks calor thim with + from him back 2 walks calor that my mom - no s/A again chartprotected. accident where she had her mend on her childrent slippe Jup at work said she "faced it! a cerdent happened on blow is. lest year 8/02. Toux a have for 7 mo. in 2001 (due acadent) To panic attack + not slieping & depression + That is when she went to BI formany payor bight not have environment now. also say panic attacks of Discomination case (has a attorner) - ludia cont) is hounding her which hopefully will be resolved in cont court. extronced in a hashle eurorinent; police officers rade fun of her abter she spoke up about laknos + discrimination. aspects of work she really enjoyed like nording w/ curlians + helping people but told chincian about witnessing gonesome murders + Sundes + "the smell of death" which she continues to re-expenence. says she never told anyone about image of decapitated man who shot himself in the face etc. Police office (superisor) very hospile chent experienced harrasoment due to hearing disability.

to may great higher body. My fill was greater

Chem manie _	Sonia Ferna	rder_1	VICATION INCOME	1#87 1	48501	3.
MENTAL ST Appearance:	ATUS: Well Groomed	Unk	tempt			N. Control of the Con
Behavior:	WNL Hyperactive		occupied odrawn	Agitate	đ	Bizarre
Thought/Speed	ch: WNL Paranoid Delusions Hallucinations/Au	Obsessiona	ion Impairmen	$\overline{\square}$	Flight of Id Loose Asso Pressured S Visual, Tact	ciation peech
Mood, Affect:	Full range Inappropriate	☐ Sad ☑Flat	☐Euphoric ☐Depressed		Angry Anxious	
Insight:	Age appropriate	Limited	None			
Judgement:	Good	☐ Fair	Poor		•	
Impulse Contr	rol: Good	∏Fair	Poor	•	,	
Orientation: Other please of	Time comment	Place	Person		ena ,	
,		Ħī	•			
DIACNOST	IC FORMULATION	م راست ین ب روهای باشتان ین ا	· · · · · · · · · · · · · · · · · · ·			
Chelou	Sonia 15 a 3 + 10 currer injury whi ed 8/02. Che panic attrices panic attrices panic attrices panic attrices por care, + Di	7 year or 17thy rec	d mother	ur of workm	3 Whole	mp for
a disc	ed 8/02. Che	nt repu	to outher,	mood	of inhu instabi	hhy,
1000	- Ld with ave	esome ex	generice co	movile 1	hinchel	
over th	1 / / / / / / / / /	inahim b	seing inc	only 10	entia D	endina
Axis II	799.9	Axis l	I Secondary_	· · · · · · · · · · · ·		
	and the second second					
Axis V Curre	res, backing reaning impain ont 45	(12 months)	50 Low(12 months)	45	
Clinician Sig	nature May (هنسب ۱۱ مربر ۱۲ م	<i>D</i> ₄ Degree/I	icense / C	SW Date	4.703

reports a positive therapy experience 2 years into her work but subsequent experience was not as helpful. The has returned hoping to feel better + decrease her symptoms. goal is to stabilize + see for supportive therapy. Med eval has been filled out. Chent reports & history of anxiety + depression proves of anxiety + depression proves of anxiety + depression proves of others.

Client's Name:	Sona	Fernander	Medical Record No.: 82/485-0/
,			



OUTPATIENT PROGRESS NOTES

MONTH/DAY/YEAR	Client's Name and Medical Record Number must be written clearly on both sides of every sheet. All notes must be written in ink, signed with the writer's name and credentials. Include month/day/year for all entries.
	Ending small waigs to self soothe.
A	Depressed + sad. Klonopin helps
<u> </u>	her steep. Normes about traumahring. Therapists sakely in pm when she waves.
ρ	Dx mo. Will call her if next
	cocek is available
	Brain reinning (1081)
3-5-33	Soma seen Feeling overwhelmed
	by relationship w/ A.J. Felt
<u> </u>	we hetting him when he
	renkoned sexual comments but
	dedn't because I was dring!
	Feels hypernalent and unsale
<u></u>	around upcoming court case
	uf police department. Vorres
	someone will try to Rell "her for
	speaking up atraid of "a not"
	if word leads out about The
	rampant racion she experienced
0;	we facked about what she can
	do to make Things lead
	overshelming & Basagrable.
	Au recalled many instances
	in which she is she to deal

Client's Name:	Soma	Fernander	Medical Record No.:	82	1485614
Program:		C			



OUTPATIENT PROGRESS NOTES

ASSOCIATION	
MONTH/DAY/YEAR	Client's Name and Medical Record Number must be written clearly on both sides of every sheet. All notes must be written in ink, signed with the writer's name and credentials. Include month/day/year for all entries.
*	mth AD epichicly but that smetime
	she feels like throwing in the torce
· · · · · · · · · · · · · · · · · · ·	and sending him to faster care.
	We talked about ways to get a
.	break - going to Winkhiop shine
	Depressed + anxons OSTOHIT porples
	Dan Menny acon
	man may, com
5 14 B	Soma sien T.T. 30 . (Scheduling
	mix up at front desk) Fuling
	anxinis & depressed ammualent about
	new by friend's prediness - mails to
	be huded but is intolerance of "a spiriles
	man" after he didn't prepare adequately
······································	for an exam o Worries when he tells her be
	Norred dinuian would thenk the is
	man" after in planning interachin w/
	phe is mean. Werries about this side
	Other in her professional relationship.
	1131 discussed baining more about
	all LER Juliage Reports Leeling "Compatable
	The state of the s

Client Name_	Soma Fernandez Medical I	Record # 22148501
NORTH SUFFOLK Mental Health Association	Outpatient Treatment Plan Upd	late

NORTH	
	ent Treatment Plan Update
	1/103
PROGRESS SUMMARY: (Summary of	progress, strengths and limitations, changes in living situation and hospitalizations)
Revise pohil. Fears, Reports fuling num	expensence anachy + clipnessim. by given upcoming ct. case against retaliahm for self t family retaliahm for self t family problem limits: Yes \(\text{No please comment})
anxins 4 depr	ressed
CURRENT RISK ASSESSMENT; In	dicates Risk: Yes Mo (If Yes Plan Required)
SERVICES: CRS CHASH Supho	ousing Day Program RES CASP START Other
	None reported (If not seen by NS prescriber list all medications) Boshm
Primary Care Physician Dr Jerch Recommended Physical Yes	No Date of last exam 5 / 102
DSM IV DIAGNOSIS:	
Axis I	Axis I Secondary 309.81
Axis II	Axis II Secondary
Axis III hearing impaired	Axis IV Social Environment Educational/Occupational Housing Economic Access to Health Care

Axis V Current 50 High (12 months) 60-65 Low (12 months) 5

Long Term Goal of TX To Stabilize + P Target Date 6 1 1104

Client Name Sona Fernandez	Medical Record # 8214 850 /	10

Treatment Plan Service Dates: From 10 // 103 To ///	104
---	-----

Treatment Train Service Bates. From 70 11 1705 10 7 17 10 7
Date 101/103 Problem No time for nuself
Short Term Goal b cell phone calls during Target Date 6 1/104
Short Term Goal <u>b cell phone calls during</u> Target Date <u>lo 1 / 104</u> 5ession, Focusing in self Interventions and Responsible Party Blass Manning usid Halsing about
50 min 2x mo indudual others problems
Date 11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Short Term Goal Soma will feel able to manage Target Date 6 11 104 her pame attacks, physical manifestations of anxiety
Interventions and Responsible Party Psnchodynanuc Therapy
Chno Hamon, MI) mid math Plair Manning, UCSW 2x mo 50 min
Date 10 11 103 Problem Cett Phone Safety
Short Term Goal Object Will take necessary Target Date 611104
Interventions and Responsible Party 2x molinder dual Therapy
blair Manning, uisw
I participated in the development of this treatment plan and agree to follow it to the best of my ability.
Client Signature & Sonia Fernando Date 10/20/63
Parent/Guardian Signature Date/_/
Clinician Signature (May Mly Mly 150) Date 101201 Q3
UTILIZATION REVIEW Degree/License Date Approved
Signature Jamosa Cullley LTC/W 11/6/03
Signature In lucion [1-11e-03

11

eient Name Soura Fernander Medical Record # 82 14850 [
NORTH SUFFOLK Mental Health Association Outpatient Treatment Plan Update Date / / / / / / /
PROGRESS SUMMARY: (Summary of progress, strengths and limitations, changes in living situation and hospitalizations)
Soma is doing better though continues to shuggle will pains attacks, depression, regarde outlook about her future and fears for her safety given pending law sout able to function of nedication though shuggl
MENTAL STATUS: Within Normal Limits: Yes No (If No please comment) abbect
dipressed + anxions. lability
CURRENT RISK ASSESSMENT: Indicates Risk: Yes I
SERVICES: CRS HASH SupHousing Day Program RES CASP START Other
NEW MEDICAL CONCERNS: None reported (If not seen by NS prescriber list all medications)
Fell again distocation has should in
tinium war back
Fell again displocating for Shoulder to yourned her back Primary Care Physician BI Bostm Jercmy Date of last exam 1 103 Recommended Physical Yes No marcus
DSM IV DIAGNOSIS:
300.02 Axis I 309.81 Axis I Secondary
Axis II Axis II Secondary
Axis III back in yard Axis IV Social Environment Educational/Occupational Housing Economic Access to Health Care Egal Other
Axis V Current 50 High (12 months) 60-65 Low (12 months) 48
ong Term Goal of TX Stability anxiety Target Date 12 131 124

NORTH SUFFOLK Mental Health Client Name Some Fernander Medical Record # 82 14253 Initial Outpatient Treatment Plan See 1 87017
Long Term Goal of TX TO wease self care + Target Date 12/31/04
Treatment Plan Service Dates: From / 1/104 To 414104
Date 1/1 Diproblem Vim Sad & disappoint ments & Large have short Term Goal Tack about feelings + embrace Target Date 1/104 to her
Selicitorito ou incresion of
Interventions and Responsible Party 1x week Paychodynamu Therapy,
Strengths and Skills very on got
Date 1 1/ 104 Problem negative ont look - By family needs - say no
Short Term Goal Song will put herself Target Date 4/ 1/04
Interventions and Responsible Party 1x week (00 num turany
Strengths and Skills
Date 11104 Problem Mary recent losses - anxiety over safety
Short Term Goal Bring tears Sadreso in to Target Date 12/31/04 (egal
Interventions and Responsible Party 1x week and therapy + put words to Gattle
Strengths and Skills Good in nant, good alliance.

I participated in the development of this treatment plan and agree to follow it to the best of my ability.
Client Signature Jonis Ternande Date 2/23/04
Parent/Guardian Signature Date/
Clinician Signature Policy Consulption Date 2/23/05 UTILIZATION REVIEW Degree/License Date Approved
Signature Degree/License Date Approved 3-1494
Signatura Somewal Cullay LECIW 3/10/04
Signature MMMMMM 3/11

Client's Name Soud. Elmande Medical Record No.: 8214850/	P <u>17</u>
NORTH SUFFOLK MENTAL HEALTH ASSOCIATION Dato: 7 17.7 17.7 Individual I Family I Case Consult	
Date. 1 1 South Land Land Land Land Land Land Land Land	ation
☐ Evaluation ☐ Family Consultation ☐ Collateral ☐ No Show ☐ EC	•
□ 30 minutes □ 60 minutes □ Billable □ Not Billable	•
Data: Long peln. Today was her first day of work	
Reported nauseat upset Stomuch Fiels "innuvented"-	
Is done light clirical duty but shillyield responsible	
which add how ones to her duties worries that	P)(1)80
Who she faces tomown mel screamant montrate her	-100
Assessment: We discussed plan of him to deal with an	
arise Walk ont Calmy and go home. Validate	
Plan: July as normal aikn how toulde The Chris	mne
Rad Ireen	
L 34 WO	·
Clinician Signature MMM MMM Degree/License M80	
Date: 8 / 19 / 03 D-Individual D Family D Case Consultation	·
☐ Evaluation ☐ Family Consultation ☐ Collateral ☐ No Show ☐ EC	
□ 30 minutes □ 60 minutes □ Billable □ Not Billable	
Data: "I feel into an empty sone" Some report?	
taune no true for herself, fieling angry and	
on of she want to implede because of him many people	> .
istic needs to take (are i) and now me has he more	· <u>· </u>
for her neds. She rights taking 7-3 Klonopenand	
hot feeling of Junies 3 mountain Stars a day Has mile	+
Assessment: Plepiner wels in edgl - & alspande at time	 _
Plan: 24 no + to turn of all phine leported she weaks	2 d
The state of the s	301,
The state of the s	

Client's Name Jonia Fernander Medical Record No.: 321485019
Client's Name Struct & Medical Record No.: 02710301
NORTH SUFFOLK OUTPATIENT PROGRESS NOTE
ASSOCIATION Date: 1017/03 Individual Family Case Consultation
□ Evaluation □ Family Consultation □ Collateral □ No Show □ EC
□ 30 minutes □ 60 minutes □ Billable □ Not billable
Data: Soma sun. Fearful of retaliation from
police orners afth her complaint was
Trade public in Boston Herald today Morries
Ker children are also in danger. telling
overwhelmed by famely moderns -
Congry and amins and difficulty Coursing
Assessment: Takenonsveryerror on heroup!
OSI OHI not peny Moho
Plan: QX MD
Clinician Signature Mun Manny Degree/License <u>LICSN</u>
Date: 10 / 20 / 03 Individual - Family - Case Consultation
☐ Evaluation ☐ Family Consultation ☐ Collateral ☐ No Show ☐ EC☐ 30 minutes ☐ 60 minutes ☐ Billable ☐ Not billable
Data: Soma sien. Reported not trushing her
own judement because her nother is
always second aussing his and telling
oursured by both men in her life to
do what thus went. We discussed trushne
her gut seeling and doing what is best for
Assessment: her new hancolor.
antimo OSI OHI not oruchohi
TO 10 10 10 10 10 10 10 10 10 10 10 10 10
Plan: QX $\rho \gamma \delta$

Clinician Signature 15 MM Munuy

___Degree/License <u>HESW</u>

					dedical Reco	rd No.:	
NORTH	.к		UTPATIENT				
MENTAL HEA	Date: _	/	/ 🗅 In	dividual	☐ Family	Case Co	nsultation
□ Evaluatio	on 🛭 Fam	ily Consulta	tion 🚨 Co	llateral	☐ No Sh	low DEC	
☐ 30 minutes	☐ 60 minute	es	☐ Billab	le 🗆 Not	billable	<u> </u>	
Data:	•					· ·	
	-						
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Assessment:		<u> </u>					.
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Clinician Sig	gnature			Degr	ree/Licens	e ,	. .
Clinician Sig	gnature			Deg	ree/Licens	e	
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Date:	//		idual . 🗖 Far	nily 🔲 (Case Cons	ultation	
Date:	//			nily 🔲 (Case Cons	ultation	
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Date: Date: Solution Data: Assessment:	//		idual . 🗖 Far	nily 🔲 (Case Cons No Sh billable	ultation	

Client's Name Soul Feminale Medical Record No.: 82 148501 NORTH **OUTPATIENT PROGRESS NOTE** ☐ Evaluation ☐ Family Consultation ☐ Collateral ☐ No Show ☐ EC □ 30 minutes □ 60 minutes ☐ Billable ☐ Not billable dromand Climician Signature MANAMIA Degree/License // Date: $2 / 23 / 6 \Psi$ Individual \square Family \square Case Consultation ☐ Evaluation ☐ Family Consultation ☐ Collateral ☐ No Show ☐ EC □ 30 minutes □ 60 minutes ☐ Billable ☐ Not billable uncle died. He was

计编辑

Client's Name	Onia Fernandoz Medical Record No.: 2214850
NORTH	OUTPATIENT PROGRESS NOTE
	Date: 3 / 1 / D4 □ Individual □ Family □ Case Consultation □ Family Consultation □ Collateral □ No Show □ EC □ Billable □ Not billable
•	icial cancelled due to ulness
Data: Con	CEUCO CERCECTO OCCESA TO CEONES
Assessment:	
Plan: 3-	3-04
Date: 3 /_ 2 Evaluation	Degree/License <u>CCSM</u>
Data: Some	a seen argny & overwhelmed, Has
.	ing are week and beling attaid
That it	mil not stop Set limits on son Foldest)
and as	Ked hem to score out. Is also shinggling
	meto on her relationship w/ Todd.
Assessment: (2)	SIOHI not psycholes, arranstangy mood
Plan: 1X de	eck
· · ·	
Clinician Signa	ture Manning Degree/License Lic Su

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CLIENT'S HAME SONIA FERMANDE & MEDICAL RECORD NUMBER 82 1485 01

PROGRAM _____



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MONTH / DAY / YEAR	CLIENT'S NAME AND MEDICAL RECORD NUMBER MUST BE WRITTEN CLEARLY BOTH SIDES OF EVERY SHEET. ALL NOTES MUST BE WRITTEN IN INK, SIGNED WITH THE WRITER'S NAME & CREDENTIALS. INCLUDE MONTH/DAY/YEAR FOR ALL ENTRIES.
4/14/03	37 yo HUPANT & PREJENTI WITH HX PANIC ATTACKS,
	TANKIEM AND FURTHBACK! /INTRUINE MEMORIE!
	MSHTMAREL OF ABUSE AND EXPOSURE TO SEVERE
	EPUDDED of HUMAN TRAGEDY (MUTICATION DURING HER
	YEARS WORKING AT A POUCE OFFICER. SHE COMPLAINT of
	CRYING SPEW; PARSE / PRIMBING , I PATIENCE
	WHICH IMPROVED AFTER BEIN SPANED TMOS OF WELL
Land Marie 19 1988	BUT ARE WORLDWING HOW WM THE PROUPER OF PEMERA
	TO WHERE AND ALSO 20 PUBLIC LAWLIT ASSINGT THE
	CM CHARGING THE POLICE FORM WITH MUTTER AGT
	of HUSTILLY CRAGION SLUPES AGAINST HISPANCREPLES
	BYANT CHEISON POSIDENT, PO BENTLED, MOCKED,
	AND HARMADED DUE TO PATIENT! HEARING DHABILITY
	PT AND CELT OVERWHEIMED BY BOINS SENT INTO DAYSON
	SINATURIED BODIET,
	CHUPPER DYING IN A FIRE, ALL THE MADE WARE BY
	Her collegues COPIN METHAMIN of DISPERSENTELLY
	HIMOR - DURESPECTEU TO CRIME MUTIMI, REPORTE
1	REPERTED PUBLIC HUMILIATION AT WELL BY AN
	office THAT EVERYONE FEARS, POFA DOE TO THOUSHIT!
	of POST FRANCES 19 ECAPS
	DANET AH, DELLIAM DEA - 18 V V
	1 SET SHADOWS WHEN TIRED, STRENSED, HAS DUCUMNATING
	IAMENTIA PROGRAM OF LEWICK SINCE 9/10/02 BACK

CLIENT'S NAME	Arros	FERMANEZ MEDICAL RECORD NUMBER	82	1485	70	
		PROGRAM				



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MONTH / DAY / YEAR	CLIENT'S NAME AND MEDICAL RECORD NUMBER MUST BE WRITTEN CLEARLY BOTH SIDES OF EVERY SHEET. ALL NOTES MUST BE WRITTEN IN INK, SIGNED WITH THE WRITER'S NAME & CREDENTIALS. INCLUDE MONTH/DAY/YEAR FOR ALL ENTRIES.
	PMH PUD MILLS PCP JEREMY MARCY
MEOJ	S/p BACK INDURY 2 ascs Sep 2002 NKDA
ZURTEC	HEARING DEFICIT (R) EAR 20 LEAD POILDHIM
	Polien prieps 7
<u> </u>	SIPSNYEY FOR CENTA CAMEN 99
	& LINER/KIONEY/ THYPRID DZ &HT/LOC
	FREDRENT TENSING HA ARE TO JOBS MEN
	PYHX 97 14 MELAPOT PT HEAPT BROKEN "WHEN THEISPUT LEFT
	OD SAW PUTCHADOUT + THERAPUT PT BI POOR AT
	DX 6 T MDD
	MEDI AMBIEN 5-10 mg gm (RX'b
	Propose Risman 05 This total Jecr
	HYTRIAU PAXIL+CELERA > JOT ENEXT "HA"
<u> </u>	VALUE LEGAL AND HAS TAKEN WEATERAM PRO
	ORYING SAM WHAT HEVES execus for High levels of
	Li Mesti
·	FH - Depression (m) +(M) 2 surers
	SON DX10 P BPAO RECONTRY VS SET ZURE 0/0
	SH Pouce officer over of work I pay lince
	9/08 3 CHIMPN GEVESE 20, CRWTAL 18, AJ 13
	LIVES TO CLONGEST 2 athropan, FAMILY SIPPOPONCE BUT GULT-
7 7	12 Duang - Actuse pr of SEVENTHUEST UCE ETOH SOCIALLY,
	NO Drug use (F) LIVE IN GORGISA PT THONGIST
	MONTH There Am CHANSING CARRON TO MASINGE!

CLIENT'S NAME SOMA FERNANCEZ MEDICAL RECORD NUMBER 82 14800

PROGRAM



MONTH / DAY / YEAR	CLIENT'S NAME AND MEDICAL RECORD NUMBER MUST BE WRITTEN CLEARLY BOTH SIDES OF EVERY SHEET. ALL NOTES MUST BE WRITTEN IN INK, SIGNED WITH THE WRITER'S NAME & CREDENTIALS. INCLUDE MONTH/DAY/YEAR FOR ALL ENTRIES.
4/14/03	MJE DARK BLANDE ATTRAOTIVE & WELL GOVERNED.
	CATURE ORESS POX3 MODO DEPRES
	Affect - ENTHYMIL SPEECH BILINGUAL NL
	RATE + VOWE TO FIC - & WA, AH, INC
	FOI DEWIND & SIHI @ OCC SERMS
	SHAPOUR UNEW ITREMED OF TIRED.
	MEMORY + CONC NOT FORMANY DETTED
	INSISHT + JUNGENET - SWO
	IMPRESIVED 3740 LATINA WOMAN WITH SYMPTOMI
	of PANC, ANXIETY, AND MODERAGE SLOT PTID
	EVANHEROUS MESTOMORES AND INTROVE MEMORIT
	of ABUR AT WAR AM of WITHENING HURRYBLE
:	DEATHS / HUMAN WHENRY HAS PAME ATHORNY
	Severa IMA A WEEK (MORE WHEN THE WEKES)
	Ayo & It of DEPRESSION PUR SCORP (COM)
	Every, Anser, PATENT HAT HE CHING & DEPORTE
	Being Reviewer Will ANGERY LAT DIMMOND
	Also Cely Anger/1840 Aron And Posa Clay de
	DUE PRIMARILY TO STREET ANXIETY HE SIDE
	EKCOS T PREVIOU A 2 SURI
	AXIJ I PAMC DISSERVEY
	PUT TRAVMAN STRESS OWNERDS

CLIENT'S NAME	Sonia	Fernanden	_ MEDICAL RECORD NUMBER	82.14.85.01	
*			PROGRAM _		



PLAN ON KUMARION TO 1mg bin to	
AXIS TIT PUD, HE CONCOR CANCER Her REPAR 20 LEAD FOUNDING & BANG AXIS TV EMPLOYOR IN PROGRESS - SINGLE MO AXIS TV 40 PLAN CIT KURAPIN TO SINGLE MO 2) CONVOER AM DAMEDAM NEXT M	K, SIGNED
PLAN (DT KWAPIN TO LAW him too) PLAN (DT KWAPIN TO LAW him too) (2) CONVOCA ANTONOMORAN NEXT NO	
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AXIJ IV FINANCE IN PROGRESS - SINGLE MO AXIJ I 40 PLAN (IT KUNGPIN TO IM, bin too) 2) CONVORT AND CORRESPOND NEXT NEXT N	HOUPY
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